

## **Frequently Asked Questions about Menopause**

### **What is menopause?**

Menopause, a normal and natural event, is the end of menstruation. It is usually confirmed when you have not had a period for 12 months in a row (with other causes for this change ruled out). Menopause starts when your body's level of the hormone estrogen falls permanently to very low levels and your menstrual periods stop for good. Menopause is also known as "the change of life."

This change in your body usually doesn't happen all at once. There is a transition period before menopause called perimenopause, when your body starts making less of the female hormones estrogen and progesterone. During this time, you can have symptoms such as hot flashes and mood swings, and you may or may not have a period. These changes usually begin between the ages of 45 and 55, with the average at about age 51. A few women reach natural menopause as early as their 30s (which is called premature menopause) and as late as their 60s. Women who smoke or who used to smoke can reach menopause one to two years earlier than nonsmokers.

Many women wonder and worry about what will happen when they reach menopause, but in fact, it can be a positive experience! Even though some women have frustrating symptoms and health problems throughout perimenopause and after menopause, it is a chance for all women to focus more on themselves and make changes that will improve their health. The first step is to learn all you can about the physical and emotional changes that may be ahead of you.

### **I will be having a hysterectomy to remove both my uterus and my ovaries, and I am only 37. Will I go into menopause?**

Sometimes, younger women need a hysterectomy (surgery to remove the uterus and ovaries) to treat health problems such as endometriosis or cancer. After your surgery, you will enter into what is known as induced or surgical menopause. This is menopause that happens to your body right away, and it is brought on by the surgery. You will no longer have periods. Since your ovaries will be removed, you may have many menopausal symptoms right away, instead of gradually. You can talk with your health care provider (HCP) about how to best manage these symptoms.

Women who have a hysterectomy, but have their ovaries left in place, will not have induced menopause because their ovaries will continue to make hormones. But, because their uterus is removed, they no longer have their periods and they cannot bear children. They also might have hot flashes since the surgery can sometimes disturb the blood supply to the ovaries. Later on, they also might have natural menopause a year or two earlier than expected.

## What is premature menopause?

Premature menopause is menopause that happens before the age of 40 — whether it is natural or induced. Some women have premature menopause because of:

- family history (genes)
- medical treatments, such as surgery to remove the ovaries
- cancer treatments, such as chemotherapy or radiation to the pelvic area

Having premature menopause puts a woman at more risk for osteoporosis later in her life. It also may be a source of great distress, since many women younger than 40 still want to have children. Women who still want to become pregnant can talk with their HCP about donor egg programs.

## What is postmenopause?

The term postmenopause refers to all the years beyond menopause. It is the period past the time at which you have not had a period for 12 months in a row — whether your menopause was natural or induced.

## What are the symptoms of menopause?

Some women may have frustrating symptoms that start during perimenopause and continue once they have reached menopause. Hot flashes have become the hallmark symptom of menopause. Hot flashes are a feeling of sudden flush or warmth, often followed by sweating. They can cause serious discomfort and sleepless nights for some women.

Other symptoms that can start in perimenopause, but also might continue once you reach menopause include:

- night sweats (hot flashes that happen while you sleep)
- sleep problems
- mood changes (mood swings, depression, irritability)
- vaginal problems, including vaginal dryness and irritation that can cause pain during sex and pelvic exams, and frequent vaginal infections
- urinary problems, including burning or pain when urinating, or leaking when sneezing, coughing, or laughing
- problems with concentration or memory

- less interest in sex and changes in sexual response
- weight gain
- hair thinning or loss
- "spotting" and abnormal bleeding (although this is common in perimenopause, once you've reached menopause you should report any uterine bleeding to your HCP to rule out serious causes, such as cancer)

## **I've reached menopause, but I still have been feeling so depressed and irritable. I'm just not myself. Will these feelings ever go away?**

Many women in perimenopause and menopause feel depressed and irritable. Some researchers believe that the decrease in estrogen triggers changes in your brain, causing depression. Others think that other symptoms you're having, such as sleep problems, hot flashes, night sweats, and fatigue cause these feelings. Or, it could be a combination of hormone changes and symptoms. But these symptoms also can have causes that are unrelated to menopause. If you are having these symptoms, and you think they are interfering with your quality of life, it is important to discuss them with your HCP. Talk openly with your HCP about the other things going on in your life that might be adding to your feelings. Other things that could cause depression and/or anxiety include:

- having depression during your lifetime before menopause
- feeling negative about menopause and getting older
- increased stress
- having severe menopause symptoms
- smoking
- not being physically active
- not being happy in your relationship or not being in a relationship
- not having a job
- not having enough money
- low self-esteem (how you feel about yourself)
- not having the social support you need

- regretful that you can't have children anymore

If you need treatment for these symptoms, you and your HCP can work together to find a treatment that is best for you.

## **I've reached menopause and haven't had my period for a few years now. But, the other day I had some bleeding off and on. Should I be concerned?**

Changes in bleeding are normal as you near menopause. There are also other common causes of bleeding in the years after menopause. The decline in your body's estrogen levels can cause tissues lining the vagina to become thin, dry, and less elastic. Sometimes this lining can become broken or easily inflamed and bleed. It can also become injured during sex or even during a pelvic exam.

Once you've reached menopause, though, you should report any bleeding that you have to your HCP. Uterine bleeding after menopause could be a sign of other health problems. Other things that can cause abnormal bleeding include:

- fibroids
- the use of birth control pills
- a hormonal imbalance
- non-cancerous growths in the lining of the uterus

## **What is hormone therapy (HT) for menopause?**

Hormone therapy (HT) for menopause, formerly referred to as HRT, refers to the use of prescription drugs to "replace" the hormones that the ovaries stop making around the time of menopause. For many years, to relieve menopausal symptoms, health care providers prescribed what was called estrogen replacement therapy (ERT). Because taking a medicine that just has estrogen raises the risk of endometrial cancer (cancer in the lining of the uterus), only women who do not have a uterus can take estrogen (ERT) alone safely. ERT usually is taken by pill or skin patch.

Hormone therapy (HT) generally refers to using a combination of hormones (estrogen and progestin) to treat menopausal symptoms. Using both hormones lowers the risk of endometrial cancer. HT is most always taken by pill. HT may be a safe and effective way of managing menopausal symptoms if taken for only a short period of time, but researchers continue to study the long- and short-term effects of HT on women's health. HT is generally NOT recommended for women who have the following health problems:

- vaginal bleeding of unknown cause
- suspected breast cancer or a history of breast cancer

- history of endometrial cancer
- history of heart disease
- history of or active venous thrombosis (blood clots in the veins in the legs or in the lungs)
- chronic disease of the liver

The National Institutes of Health's (NIH) Women's Health Initiative (WHI) study is looking at the effects of HT on diseases such as breast cancer, cardiovascular disease, osteoporosis, and colorectal cancer. In July 2002, NIH stopped a major part of this study early because they found an increased risk of breast cancer, stroke, heart attacks, and blood clots (in the lungs) from combined HT. In May 2003, the WHI found HT also increases a woman's risk for dementia (severe confusion and decline in memory), including Alzheimer's disease. These findings have taught us that a woman should not take HT for the purpose of preventing heart disease or to help protect against dementia or memory loss.

Because there are both benefits and risks linked to taking HT, every woman should consider these in relation to her own health and thoroughly discuss these issues with her HCP. **If you decide to use HT, use it at the lowest dose that helps and for the shortest time needed.** [Click here for more information on HT.](#)

For more information on the WHI study results and on the risks and benefits of HT, go to <http://www.nhlbi.nih.gov/health/women/index.htm>.

## **Are there treatments other than hormone therapy (HT) to ease the symptoms of menopause?**

Some women decide not to take hormone therapy (HT) or estrogen replacement therapy (ERT) to relieve the symptoms of menopause, and turn to herbal products or to certain estrogen-like chemicals in plants (called phytoestrogens) for help. There are many over-the-counter and herbal products that claim to help women with menopausal symptoms, but there is limited, and sometimes conflicting, research on the safety and success of them. Discuss herbal products with your HCP before taking them. You also should tell your provider if you are taking any other medicines, since some of the herbal products can have harmful interactions with other drugs.

The American College of Obstetricians and Gynecologists (ACOG) issued these guidelines on the most popular herbal products for menopause:

- **Soy and isoflavones (plant estrogens found in beans, particularly soybeans).** High isoflavone intake (about 50 grams of soy protein per day) may be helpful in the short-term (2 years or less) to relieve hot flashes and night sweats. However, results from one recent study released in July 2003 found that isoflavone supplements (pills) made from red clover did not help women with hot flashes or other menopause symptoms. Another study of breast cancer survivors found that taking soy products did not help their hot flashes. But, taken over a long time, soy and isoflavones may have good effects on cholesterol and bones. Results from other recent studies show that, while eating foods with soy can be safe, taking very large amounts of soy and isoflavone supplements may be harmful to women who have had a type of breast cancer called estrogen-dependent breast cancer, and may be harmful to other women as well. These results leave open the question of whether soy products may protect women against breast cancer or add to its cause.
- **St. John's wort.** May be helpful in the short-term (2 years or less) to treat mild to moderate depression in women (when given in doses of less than 1.2 milligrams a day). A recent study showed it does not help severe depression. It also can increase skin sensitivity to the sun and may interfere with prescription antidepressants.
- **Black cohosh.** May be helpful in the short-term (6 months or less) to treat hot flashes and night sweats. It seems to be safe, but studies have been small and brief, with none longer than six months.
- **Chasteberry (also known as monk's pepper, Indian spice, sage tree hemp, and tree wild pepper).** There are very few studies on the use of this in menopausal women. A study of women with premenstrual syndrome (PMS) who used it found it helped them with symptoms such as anger, headache, and breast fullness, but not bloating and other symptoms.
- **Evening primrose.** Although some women take evening primrose for breast pain, bladder symptoms, and menopausal symptoms, there is little or no proof that it works. One study on hot flashes found that taking evening primrose was no better than taking placebo (a sugar pill).
- **Dong quai.** A study that looked at dong quai's effect on hot flashes found that it was no better than placebo (sugar pill) -although the 4.5-gram dose used in the study was lower than that typically given in Chinese medicine. This herb can be toxic because it contains compounds that can thin the blood, causing excessive bleeding. It also can make the skin more sensitive to sun and increase your risk of skin cancer.
- **Valerian root.** This has traditionally been used as a sleeping aid. But the U.S. Pharmacopoeia, which sets manufacturing standards for medicines, does not support its use. There also have been reports of heart problems and delirium (severe confusion) linked to suddenly stopping its use.

- **Ginseng.** Most of the labels on ginseng products (including Siberian, Korean, and American, white and red) say they relieve stress and boost immunity (the body's response to fight illness). A study of menopausal women by the leading maker of ginseng found the product did not relieve hot flashes, but did improve women's sense of well-being. But, there have been many reports of problems with ginseng products. For instance, some ginseng products had little or no ginseng in them. Others contained large amounts of caffeine. Some products even contained pesticides or lead.
- **Wild and Mexican yam.** There are no published reports that show wild and Mexican yam cream helps menopausal symptoms.

## What are some practical things I can do to help deal with the symptoms of menopause?

There are things you can do to help relieve some menopausal symptoms.

- **Hot Flashes.** Specific things can bring on hot flashes: a hot environment; eating or drinking hot or spicy foods, alcohol, or caffeine; and stress. You can try to decrease hot flashes by avoiding these triggers. Dress in layers and keep a fan in your home or workplace. Some women find that regular exercise brings relief from hot flashes and other symptoms.
- **Vaginal Dryness.** You can help vaginal dryness and irritation by using an over-the-counter vaginal lubricant. There are also prescription estrogen replacement creams that your HCP may recommend to help relieve vaginal dryness and painful sex. If you have spotting or bleeding while using estrogen creams, you should see your HCP.
- **Difficulty Sleeping.** One of the best ways to get a good night's sleep is to get at least 30 minutes of physical activity on most days of the week. But, avoid vigorous exercise too close to bedtime. Also avoid alcohol, caffeine, large meals, and working right before bedtime. Many women find they sleep better after drinking something warm, such as herb tea or warm milk. Try to keep your bedroom at a comfortable temperature. Also avoid napping during the day and try to go to bed and get up at the same times every day.

## I know that I am at risk for getting other diseases as I age and reach menopause. What can I do to stay healthy during this time of my life?

A lack of estrogen during menopause causes your bones to lose calcium and become weaker, putting you at risk for severe bone loss or osteoporosis. A lack of estrogen also increases your risk of heart disease. You can help prevent osteoporosis and heart disease by taking these steps:

- Get enough calcium to keep your bones strong. Before menopause, you need about 1,000 mg of calcium per day. After menopause, you need 1,500 mg per day. You also can talk with your HCP about taking medicine to help preserve bone and slow down bone loss. Get at least 30 minutes of physical activity on most days of the week. Try weight-bearing exercises, like walking, running, or dancing.
- Eat healthy by including plenty of whole grain products, vegetables, and fruits in your diet. Choose a diet low in total fat, saturated fat, and cholesterol.
- Maintain a healthy weight. Ask your HCP what a healthy weight is for you.
- Control your blood pressure. Ask your HCP what a healthy number is for you and how often you need it checked.
- If you have diabetes, control and monitor your blood sugar levels.
- Lower your cholesterol to the right level. Ask your HCP what a healthy level is for you.
- If you smoke, try to quit. Ask your HCP for help or visit this special section of the NWHIC web site: [www.4woman.gov/QuitSmoking](http://www.4woman.gov/QuitSmoking)
- If you drink alcohol, limit it to no more than one drink per day.

# The National Women's Health Information Center (NWHIC)

A Project of the Office on Women's Health in the U.S. Department of Health and Human Services

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## For more information...

You can find out more about menopause by contacting the National Women's Health Information Center at 800-994-WOMAN (9662) or contact the following organizations: Agency for Healthcare Research and Quality Internet Address: [www.ahrq.gov](http://www.ahrq.gov)

### National Center for Complementary and Alternative Medicine

Internet Address: [www.nccam.nih.gov](http://www.nccam.nih.gov)

Publication: <http://nccam.nih.gov/health/alerts/menopause/>

### Food and Drug Administration (FDA)

Office on Women's Health

Internet Address: [www.fda.gov/womens/menopause](http://www.fda.gov/womens/menopause)

### National Cancer Institute

Phone: (800) 332-8615

Internet Address: <http://cis.nci.nih.gov/>

### National Institute on Aging

Phone: (800) 222-2225, (800) 222-4225 (TTY)

Internet Address: <http://www.nih.gov/nia/>

### American College of Obstetricians and Gynecologists

Phone: (800) 762-2264

Internet Address: <http://www.acog.org/>

### Melpomene Institute

Phone: (651) 642-1951

Internet Address: <http://www.melpomene.org/>

### National Osteoporosis Foundation

Phone: (202) 223-2226

Internet Address: <http://www.nof.org/>

### North American Menopause Society

Phone: (440) 442-7550

Internet Address: <http://www.menopause.org/>

### The Hormone Foundation

Phone: (800) 467-6663

Internet Address: <http://www.hormone.org/>

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